

ALPHARETTA/CUMMING INTERNAL MEDICINE

MANAGED CARE ACKNOWLEDGEMENT

The patient is responsible for understanding the benefits that are included in his/her insurance policy.

CONTINUITY OF CARE ACKNOWLEDGEMENT

I understand that should it become necessary for me to see a specialist, my medical history will be sent to said specialist, if so requested by yourself or the specialist.

NURSE PRACTITIONERS/PHYSICIAN ASSISTANTS:

Definition: Nurse Practitioners (NP) and Physician Assistants (PA) are health care professionals who have advanced educational and clinical practice and work under the supervision of the physician.

Nurse Practitioners and/or Physician Assistants are utilized to practice and take after-hour calls for this office. The supervising Physician is always available to collaborate with the NP/PA when necessary or appropriate for your care.

Under state law and approval of the Physicians in this office, the following procedures are allowed:

1. Performing physical exams and taking health histories.
2. Assessing and evaluating common symptoms of the acute illnesses such as colds and infections.
3. Prescribing and managing medication regimens.
4. Treat minor injuries.
5. Screening and preventative services: immunization, blood screening.
6. Assess return visits.
7. Educational instruction.

By signing below, I acknowledge that I have received the Office Protocol, Electronic Patient Service, Managed Care Acknowledgement, Continuity of Care, and Definition of Nurse Practitioner/ Physician Assistant, and had the opportunity to read, if I so choose, the HIPAA Law.

Patient Name (please print)

Date

Patient Signature

Parent or Authorized Representative (if applicable)